

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
	IND	DEP	IND	DEP	IND	DEP						
1	/						51					
2		/					52					
3		/					53					
4		/					54					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/						TOTAL IND.					
TOTAL DEP.	/						TOTAL DEP.					
TOTAL CLAIMS	/						TOTAL CLAIMS					